

CLIENT CONSENT STATEMENT

I, adriana martin lopez ("Client"), identified with Phone 2816833855 give my permission and authorization for the undersigned agent ("Agent") to collect, access, use and, if necessary, disclose my Personally Identifiable Information ("PII") and the information of other individuals that may be included on my insurance application, as permitted by all relevant privacy and other laws. I further understand that the Agent might need to create, collect, disclose, access, maintain, store and/or use some of my PII in order to provide me assistance and to complete the Agent's work.

I understand that I am not obligated to give any PII or other health information to the Agent, and that I have the right to revoke any part of this authorization and consent at any time, and that I may restrict or limit the use of my PII. I further understand that the Agent's help is based only on the information that I am willing to share, and that if the information I give is inaccurate or incomplete the Agent may be unable to provide all the help available for my situation.

As part of the Agent's work, I authorize Agent to provide my PII and other necessary information to third parties, including insurance companies. I further authorize Agent to process any insurance applications on my behalf, and I understand that Agent will remain my agent of record, or "AOR," under any insurance coverage I obtain through Agent from the date I execute this Consent through December 31, 2022.

I agree that Agent may contact me by phone call, text message, email or any other form of communication regarding the assistance Agent provides to me or other products that may be available to me. I understand these calls or texts may include marketing and may be made using an automated system or include a prerecorded voice. My consent to receive these calls or texts is not required to receive Agent's services or to enroll in a QHP.

When applicable, I agree to pay all monthly premiums as required and I authorize the Agent to charge the premium on the first full month of coverage, upon processing my insurance application. Client may enroll in an automatic payment program through the insurance company's client portal or pay on a month-to-month basis. The client provides all necessary consent to use personal bank information and agrees to all terms as specified by the Agent.

____ By checking this box or submitting this document, I acknowledge that I have read, understand, accept and agree with all the statements above.

AGENT ACKNOWLEDGEMENT

I, _____ ("Agent") hereby acknowledge that the personal information collected and retained from Client may only be used for the purposes consented and authorized by Client, and as required and permitted by law.

Agent Signature: _____